

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------------------------|-------------------------|---------------------------|
| FEE DETERMINATION | <i>[Handwritten initials]</i> | <i>[Handwritten ID]</i> | <i>[Handwritten date]</i> |
| O.I.P.E. CLASSIFIER | <i>[Handwritten initials]</i> | <i>[Handwritten ID]</i> | <i>[Handwritten date]</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | <i>[Handwritten ID]</i> | <i>[Handwritten date]</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 12/1/22 |
| 2 | 6/5/22 |
| 3 | N |
| 4 | N |
| 5 | N |
| 6 | N |
| 7 | N |
| 8 | N |
| 9 | N |
| 10 | N |
| 11 | N |
| 12 | N |
| 13 | N |
| 14 | N |
| 15 | N |
| 16 | N |
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| 21 | N |
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| 38 | N |
| 39 | N |
| 40 | N |
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| 45 | N |
| 46 | N |
| 47 | N |
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| 49 | N |
| 50 | N |

| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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